

**MULTIPLE DEPEND. CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
*10/316384*

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	10		↓		↓	↓
TOTAL DEP.			←	←	←	
TOTAL CLAIMS	10					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.			↓		↓	↓
TOTAL DEP.			←	←	←	
TOTAL CLAIMS						